District of Columbia

DEPARTMENT OF HEALTH – HEALTH REGULATION AND LICENSING ADMINISTRATION

PHYSICAL THERAPY ASSISTANT RENEWAL APPLICATION

PTA REN

PHYSICAL THERAPY ASSISTANT RENEWAL BEGINS ON NOVEMBER 1, 2014! LICENSES EXPIRE JANUARY 31, 2015

Please read instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HPLA's **toll-free** Customer Service line Monday through Friday, 8:30AM to 4:30PM EST at 1-877-672-2174,

A Charge of $65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Carefully review all demographic information in this section. Please make all name, address, SSN, and birth date corrections in Sections 4 on Page 2.

PRINT Full Name & home address: (PO Box may not be used for home address)

License Number:
*SSN:
Birth date:
Business Address:
(REQUIRED*): ***(Complete Section 5)**

Phone:
Fax:
E-mail:**(REQUIRED)**:

Phone:
Fax:
E-mail:

Please select your preferred mailing address;

☐ Home ☐ Business

*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (HORA), **applicants are required to provide a Social Security Number (SSN)** on licensure applications.

SECTION 2. SPECIAL INSTRUCTIONS

Your license expires on January 31, 2015

Renewal applications submitted after January 31st will be required to pay an $85 late fee

If you are unable to renew; your license by January 31st or within the 60-day late renewal period, you will then be required to apply for reinstatement of your license.

You may reinstate your license in the District within 5 years of the expiration date of your license. Once the 5-year reinstatement period has ended you must meet the Board's requirements to reapply.

CONTINUING EDUCATION REQUIREMENT: Physical Therapy Assistants must complete thirty **(30) contact hours of continuing education.** Not more than one-half (1/2) of the total required number of Continuing Education units (CEUs) may be accepted during this renewal period, for approved online courses, home study courses, video courses, telecourses, video conference, and teleconference activities.

Submission of CE hours is not required for first (1st) time renewal applicants. DO NOT send documentation verifying your compliance with CE requirement unless asked to do so by the Board. The Board will perform a CE audit following the 2015 renewal period. Documentation mailed to the Board will not be returned.

CRIMINAL BACKGROUND CHECK (CBC): If a CBC was completed within the last four years, with the Department of Health, you are not required to complete it for this renewal cycle.

PHOTOS WILL NOT BE REQUIRED: If you don't currently have a picture on your pocket license, submit two (2) identical, recent passport photographs. On the back of the photos write your full name and either your license number or Social Security Number.

ONLINE RENEWAL INSTRUCTIONS: To renew your license online go to: https://app.hpla.doh.dc.gov/mylicense/. Enter your Social Security #and Last Name, then go to the next screen and enter your User ID and Password or enter User ID/Password that you established during the 2013 renewal period. Be sure to keep a copy of this renewal form and your payment for your records. Remember that you are required by law to notify your professional board of any address change within 30 days of the change. You may send address changes to the address below. This will help ensure that you receive your next **renewal notice in a timely manner.**

Please check the appropriate box (es).	**FEE**	
A. ☐ **PTA** Renewal fee	$ 179.00	_____.00
B. ☐ Paid Inactive Status	$179.00	_____.00
C. ☐ Late fee (if received after due date)	$ 85.00	_____.00
D. ☐ Cancel license or Deceased * (see notes)	$ 0.00	_____.00
E. ☐ Duplicate Licenses	qty: ____X	_____.00
Reactivate (Paid Inactive License) Submit Reinstatement Application	$34.00	

Make check or money order payable to

DC Treasurer and mail to:

Total Enclosed $ _____.00

Department of Health/HPLA –
Board of Physical Therapy
899 North Capitol Street, NE; 1ST Floor, Washington, D.C. 20002
Phone: 1-877-672-2174; Processing Center FAX (202) 724-5145
CBC Fax: 202-478-1387
www.hpla.doh.dc.gov * Email: doh.cbcu@dc.gov

Notes: * If you cancel your license, you must sign and return this renewal application. You may not practice in the District of Columbia until you re-apply as a new license applicant and are approved by the DC Health Regulations and Licensing Administration for a new license. Upon approval, you will be issued a new license number.

* If the licensee is deceased, please return the application to the address above along with a death certificate or notarized letter indicating that the licensee is deceased.

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.

SECTION 4. NAME CHANGE

If you are changing your name, you must provide legal documentation of the name change. Acceptable documentation for individuals includes a copy of marriage certificate, divorce decree, or court order. C hanged to current name by: ☐ Marriage ☐ Divorce ☐ Court Order

FIRST NAME | M | LAST NAME | SUFFIX (Jr, Sr, etc.)

M M D D Y Y Y Y — —
DATE OF BIRTH CORRECTION

— —
SSN CORRECTION * (Required)

SECTION 5. BUSINESS ADDRESS Please note: This information will be made available to the public.

COMPANY NAME

BUSINESS STREET ADDRESS (If applicable, use this line for additional building information. Otherwise use this line to indicate STREET NUMBER and STREET NAME)

CITY E-MAIL

STATE ZIP CODE + 4 — BUS PHONE NUMBER — — BUS FAX NUMBER — —

SECTION 6. QUESTIONS – Applicants MUST answer all of the following questions.

Please answer questions A through N by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through L below, you must provide full information and complete details on a separate sheet of paper, including copies of relevant court documents, **and attach to this form.**

A. **Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.**

Please read the information below carefully before responding to this yes or no question, as **any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit** for which you are now applying, and fine you one thousand dollars ($1,000.00), pursuant to D.C. Official Code § 47-2864 (2001). IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED.

As of this date, do you owe more than one hundred dollars ($100) to the District of Columbia Government as a result of any of the following:

1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985);
2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994);
3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985);
4. Past due taxes;
5. Past due District of Columbia Water and Sewer Authority service fees; or
6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)?

Yes ☐ No ☐

The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

	YES	NO
B. Since your last application, have you been arrested, convicted or charged for a felony or misdemeanor including DUI, OWI, DWI's (other than minor traffic violations for which a fine or ticket is the maximum penalty)?	☐	☐
C. Since your last application:		
(1) Have you withdrawn an application for licensure/ certification/ registration to practice any health profession in any jurisdiction?	☐	☐
(2 Has any authority, health facility or peer review board taken action against any of your health profession licenses or privileges (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension or revocation)?	☐	☐
(3) Have you been or are you currently being investigated by any authority or peer review board for any violation of state, federal, or local law?	☐	☐
(4) Has any authority, health facility or peer review board informed you of any pending charge(s) or investigation(s)?	☐	☐
D. Since your last application, have you been diagnosed with a physical or mental condition, including alcohol or drug abuse, that currently impairs your ability to practice your profession or that could affect your performance or impact your ability to perform your professional duties?	☐	☐
E. Are you currently being treated or have you been treated for a physical or mental condition, including alcohol or drug abuse, that, but for the treatment, could impair your ability to practice your profession?	☐	☐
F. Since your last application, have you surrendered a license, certification, or registration to practice any health profession in any jurisdiction?	☐	☐
G. Since your last application, have you been terminated, asked to resign, or resigned in lieu of being terminated from employment or a clinical training/fellowship program for any health profession?	☐	☐
H. Since your last application, have you been found by a court to be legally incompetent to practice or by a medical professional to be impaired to practice?	☐	☐
I. Since your last application, have you been diagnosed or treated for alcohol abuse, controlled substance abuse, prescribed medication abuse, or illegal drug abuse?	☐	☐
J. Since your last application, has any authority, health facility or peer review board taken action against any health care facility or agency for which you have an ownership interest in, or serve as manager or director for (including imposing a fine, sanctions, censure or reprimand, probation, imposition of restrictions, suspension or revocation)?	☐	☐
K. Since your last application, have you been a defendant or respondent to a claim for damages or malpractice action?	☐	☐
L. Will you be mailing in name change documentation for this renewal?	☐	☐
M. I certify that I have completed a total of **Thirty (30)** continuing education credits since my last renewal (only 15 of which are online or home study courses). I understand that I may be required to document my continued education by the Board via a future audit.	☐	☐
N. Do you currently practice your profession in the District of Columbia?	☐	☐

SECTION 7. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

LICENSEE SIGNATURE	LICENSEE NAME (Please print)	DATE